

Westport Center for Senior Activities
21 Imperial Ave. Westport, CT 06880
Fitness/Exercise Waiver 2021
Agreement and Assumption of Risk

I, _____, acknowledge that I am participating in the Westport Center for Senior Activities exercise programs of my own free will, and I assume all risk and take responsibility for any injury I may suffer while participating in these programs, whether on site or remotely.

I hereby represent to the Center that I am not receiving medical treatment for any condition that might be aggravated or compromised by my participation in the Center's exercise program. I understand that the Center is relying on this representation in allowing me to participate in the exercise programs.

I am aware that the performance of exercise may involve certain inherent risk of accident or injury. By choosing to participate and with full knowledge of these risks, I hereby agree to personally assume all risks resulting from, arising out of, or in any way connected with, my participation in the Center's exercise programs.

In consideration of being allowed to participate, I hereby release, agree not to sue and forever discharge, and by this document do for my heirs, executors, and administrators release, agree not to sue and forever discharge, the Center, The Town of Westport, Connecticut, and their respective employees and agents, and any independent contractors hired on their behalf to provide the services listed below, from any actions, claims, liabilities, damages, or losses which I now have or may incur as a result of my participation in the Center's exercise programs, whether on site at the Center or remotely, or any activities incident thereto. Further, I hereby agree to indemnify, defend and hold harmless the Westport Center for Senior Activities, the Town of Westport, and/or any of their employees, agents or volunteers from any claims, losses, causes of action, suits, costs and expenses (including, but not limited to, court costs and attorney fees) or other damages resulting from any injury, in any way associated with or resulting from my participation in the Center's exercise programs, whether on site at the Center or remotely.

I plan to take part in those programs checked below:

- ☐ Fitness Center, Open Gym, TRX-Straps & Strength, Beginning & Advanced Core, Beginning Strength, Beyond the Basics
- ☐ Aerobic Chair, Strength Training, Essentrics, Mind & Muscle, Weights in Motion, Fit Mix-up, Arthritis & Balance,
- ☐ Cardio Strength, Aquacise, Stretch and Balance Mind and Muscle
- ☐ Dancing (Dance & Stretch, Tap Dancing, Zumba Gold)
- ☐ Tai Chi, Qigong, Pilates
- ☐ Yoga (Gentle, Core Strength, Chair Yoga, Yoga for Wellness, Therapeutic Yoga, Zen Flow)
- ☐ Parkinson's Boxing Champions & Contenders, Parkinson's Fitness, Boxing 101, Parkinson's mind and body

I plan to use the following exercise equipment (up to a maximum of one hour at any one session), and in so doing I agree to follow all safety rules and precautions with respect to such equipment, including, but not limited to, wearing sneakers and the safety cord on the treadmill:

- ☐ Electric Treadmill, Elliptical Machine
- ☐ Bicycle with peddles and arm exercise
- ☐ Cable/weight machine and Leg Press
- ☐ Adjustable Benches, Functional Trainer

I have carefully read this document and fully understand its contents and effects. I have signed it of my own free will.

Date	Participant Name	Participant Signature
Telephone Number	Home:	Cell